

NOV 14 2007

**FAX TRANSMISSION****DATE:** November 14, 2007**PTO IDENTIFIER:** Application Number 10/622,932-Conf. #3572  
Patent Number**Inventor:** Subhashis BANERJEE**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Cristin E. Howley, Ph.D.

**PHONE:** (617) 994-0796**Attorney Dkt. #:** BPI-187**PAGES (Including Cover Sheet):** 7**CONTENTS:** Fee Transmittal (1 page, in duplicate)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Notice of Appeal (1 page)  
Transmittal (1 page)  
Certificate of Transmission (1 page)  
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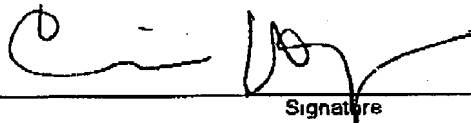
Application No. (if known): 10/622,932

Attorney Docket No.: BPI-187

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Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)

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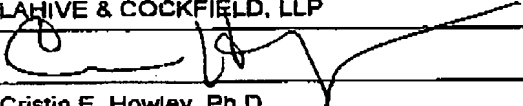
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<b>TRANSMITTAL FORM</b>  <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/622,932-Conf. #3572
	Filing Date	July 18, 2003
	First Named Inventor	Subhashis BANERJEE
	Art Unit	1643
	Examiner Name	D. J. Blanchard
Total Number of Pages in This Submission	Attorney Docket Number	BPI-187

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Certificate of Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	LAHIVE & COCKFIELD, LLP		
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Printed name	Cristin E. Howley, Ph.D.		
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<b>Effective on 12/01/2004</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4281). <b>FEE TRANSMITTAL</b> <b>For FY 2008</b>		<b>Complete if Known</b> Application Number 10/622,932-Conf. #3572 Filing Date July 18, 2003 First Named Inventor Subhashis BANERJEE Examiner Name D. J. Blanchard Art Unit 1643 Attorney Docket No. BPI-187	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	1,560.00	

**METHOD OF PAYMENT (check all that apply)**

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
- 20 =	x	=				
MP = highest number of total claims paid for, if greater than 20						
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			
- 3 =	x	=				
MP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x		

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge)	1,050.00
1253 Extension for response within third month	
1401 Notice of appeal	510.00

<b>SUBMITTED BY</b>		Registration No. (Attorney/Agent)	55,281	Telephone	(617) 994-0796
Signature					
Name (Print/Type)	Cristin E. Howley, Ph.D.				
Date	November 14, 2007				

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